

RECEIVED  
SECRETARY OF  
PUBLIC SAFETY

DATE

14 JUL 16 PM 12:48

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FEC  
FORM 3REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Bob Corker for Senate 2018, Inc.

ADDRESS (number and street) ▼

1015 Stonebridge Park Drive

Check if different  
than previously  
reported. (ACC)

Franklin

TN

37069

2. FEC IDENTIFICATION NUMBER ▼

C C00430462

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N) ORAMENDED  
(A)

TN

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

☒ July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐ Primary (12P)

General (12G)

Runoff (12R)

☐ Convention (12C)

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period

M M / D D  
04 01Y Y  
2014

through

M M / D D  
06 30Y Y  
2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kimberly Kaegi

Signature of Treasurer Kimberly Kaegi

Date

M M  
07 07D D  
07 07Y Y  
2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)